EXHIBIT C

Case 06-10725-gwz Doc 8351-3 Entered 05/09/11 15:39:24 Page 2 of 7 PROOF OF CLAIM Name of Debtor Case Number **USA Commercial Mortgage Company** 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers Check box if you are This form should not be used to make a claim for an administrative expense aware that anyone else has arising after the commencement of the case. A "request" for payment of an IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 WHOSE LOAN IS BEING SERVICED BY THE to your claim Attach copy of Name of Creditor and Address statement giving particulars DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242039237 BORROWER HELD IN THE COLLECTION ACCOUNT Check box if you have TOPP, GARY never received any notices P O BOX 3008 from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT **GRASS VALLEY CA 95945** ONE OF THE DEBTORS Check box if this address if you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (3/2 27/-Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated . if this claim amends 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages salaries and compensation (fill out below) Services performed Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED VARIOUS CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED NONPRIORITY CLAIM \$ 4394.44

Check this box if a) there is no collateral or lien securing your claim or b) your claim SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family, or household use 11 U S C § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (_____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments mortgages, security agreements and evidence of perfection of item DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED NOV 1 0 2006) Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Case 06-10725-gwz Doc 8351-3 Entered 05/09/11 15:39:24 Page 3 of 7 FORM B10 (Official Form 10) (10/05)

TOTAL DIG (Official Folia To) (10/03)				
Unlift States Bankruptcy Court	Dis	TRICT (OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage company	Case Number 06-10725-LBR			
NOTE This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense material to the case.				it .
Name of Creditor (The person or other entity to whom the dubtor owes, money or property) Universal Management Inc ,a Nevada Corporation	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars			o ,
Name and address where notices should be sent Universal Management Inc 8080 Harborview Road Blaine, WA 98230 Telephone number (360)961-4463	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.			15
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim	replaces amends a previously	filed claim dated
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death			etiree benefits as defined Vages salaries and compe ast four digits of your SS Inpaid compensation for som	ensation (fill out below) # services performedto
Other See Exhibit A			(date)	(date)
2 Date debt was incurred 06-01-20004	3	If cou	rt judgment, date obtan	ned
See reverse side for important explanations Unsecured Nonpriority Claim \$ 719,059 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of yentitled to priority Amount entitled to priority \$		a righ	Brief Description of Colla Real Estate Mon Value of Collateral \$	tor Vehicle Other—unknown Charges at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C \(\square 507(a)(1)(A) \(\square (a)(1)(B) \)		or service § 507(a	ces for personal family or 0(7)	purchase lease or rental of property r household use - 11 U S C
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)	tors L	Other -	Specify applicable paragra re subject to adjustment on	umental units - 11 USC § 507(a)(8) aph of 11 USC § 507(a)() at 4/1/07 and every 3 years thereafter on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		719,0		719,059
Check this box if claim includes interest or other charges in ad- interest or additional charges	dition to th	(unsecu e princip		(priority) (Total) ttach itemized statement of all
6 Credits The amount of all payments on this claim has been	n credited a	nd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volu 8 Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim	acts court ND ORIGI minous, at	judgmen NAL DO tach a su	nts, mortgages, security OCUMENTS If the mmary	FILED JAN 11 2007
Date Sign and print the name and title if any, of file the claim (attach copy of power of atto	the credito	r or other	r person authorized to	USA CMC
1-10-2007 Country	1072502123			

Case 06-10725-gwz		tered 05/09/11 15:3	39:24 Pa	ige 4 of 7		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM					
Name of Debtor	Case Nu	umber	1			
USA Commercial Mortgage Company	06-10	725-LBR				
Name of Creditor and Address 11321242039399		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE O	IF YOU ARE ONLY OWED MONEY BY A BORROWEI WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A		
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NEW YORK NY 10021	I	BMC Group in this case	SECURED INT	EREST IN A BORROWER THAT IS NO		
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2 41.71 1.12 1.12 1.12 1.12		envelope sent to you by the	Bankruptcy Cou	urt or BMC you do not need to file again		
Creditor Telephone Number (24) 570 61 93 Last four digits of account or other number by which creditor identifies d	-lahtar	court		ACE IS FOR COURT USE ONLY		
	lebtor	Check here replace or amen	a previous	sly f ^l ed c'a m dated		
1 BASIS FOR CLAIM Goods sold Personal injury/wropaful death	Retiree t	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Services performed Taxes	Wages s	salaries and compensation (f	- , ,	Other claims against service (not for loan balances)		
Money loaned Other (describe briefly)		r digits of your SS # compensation for services per	rformed from	to		
2 DATE DEBT WAS INCURRED	la IF C	OURT JUDGMENT, DATE O	PTAINED	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	ibe your claim and state the amou	unt of the claim a	it the time case filed		
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		t the title edge med		
Check this box if a) there is no collateral or lien securing your claim or b) v	vous claim	/	our claim is sec	cured by collateral (including		
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a right of setoff)				
UNSECURED PRIORITY CLAIM		Brief description of	collateral			
Check this box if you have an unsecured claim all or part of which is		Real Estate				
entitled to priority		Value of Collateral	\$ WIN	IKNOWN		
Amount entitled to priority \$		Amount of arrearage an		s at time case filed included in		
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)						
Wages salaries or commissions (up to \$10,000)* earned within 180 days	Ц	Up to \$2 225* of deposits towar services for personal family or	rd purchase leas	se or rental of property or		
before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gove				
Dusiness whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable parag	graph of 11 USC	C § 507(a) ()		
Continuotions to an employee benefit plan 11 0 3 0 3 507(a)(a)		* Amounts are subject to adjust	tment on 4/1/07 a	and every 2 years thereoffer		
5 TOTAL AMOUNT OF CLAIM \$	101	with respect to cases commence 4. 292.85	ed on or atter the	e date of adjustment		
AT TIME CASE FILED (unsecured)	+ N (5)	7, 271,25°	(priority)	- 1K# 191,01		
Check this box if claim includes interest or other charges in addition to the	principal a	amount of the claim Attach item	nized statement of	of all interest or additional charges		
	ed and de	ducted for the purpose of ma	aking this proof	of claim		
running accounts contracts, court judgments, mortgages security age DOCUMENTS If the documents are not available explain. If the documents are not available.	cuments a	are voluminous attach a sumi	orlien DO NO	DI SEND ORIGINAL		
8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim	filing of yo	our claim, enclose a stamped	self-addressed	d envelope and copy of this		
The original of this completed proof of claim form must be sent b	y mail or	hand delivered (FAXES NC	ΣT	THIS SPACE FOR COURT		
ACCEPTED) so that it is actually received on or before 5 00 pm, p for each person or entity (including individuals, partnerships, cor governmental units)	rporation	Pacific time, on November s, joint ventures, trusts and	13, 2006 1	USE ONLY		
BY MAIL TO BMC Group	Y HAND O	OR OVERNIGHT DELIVERY TO	FILED	14 1 9 2002		
Attn USACM Claims Docketing Center A	Attn USAC	p DM Claims Docketing Center	" I tempo demo disali	JAN 12 2007		
El Conumbo OA 00045 co44	330 East F	Franklin Avenue	J	USA CMC		
DATE SIGN and print the name and title if any of the c	creditor or o	o CA 90245				
uns clarify fattach copy of power of attorney if any)						
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Cuse 00 10725 gwz	1.11CTCG 03/03/11 13:03:24 1 age 3 01 7					
DISTRICT OF THEY A	OF OF CLAIM YOUR CLAIM IS SCHEDULED AS					
Name of Debtor Case Nu						
USA Commercial Mortgage Company 06-107	25-LBR Amount/Classification					
	\$57 609 45 Unsecured					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address: ZAWACKI A CALIFORNIA LLC PO BOX 5156 BEAR VALLEY, CA 95223-5156	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. The amounts reflected above constitute your claim as to you capree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. BMC Group in this case Check box if this address of the amounts shown above are listed as Contingent, unliquidated or Disputed, a proof of claim must be filled. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.					
	envelope sent to you by the court. Bankruptor Court or BMC you do not need to tale again. THIS SPACE IS FOR COURT USE ONLY					
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor	- Majores					
5643 5402	Check here replaces a previously filed claim dated fithis claim amends					
1 BASIS FOR CLAIM	enefits as defined in 11 U S C § 1114(a) Unremitted principal					
The same of the sa	salaries, and compensation (fill out below) Other claims against service (not for loan balances)					
Services performed Taxes Last four	digits of your SS # (not for loan balances)					
Money loaned	ompensation for services performed from to					
	(date) (date) OURT JUDGMENT, DATE OBTAINED					
2 DATE DEBT WAS INCURRED 0- 3 IF C 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best descrit						
See reverse side for important explanations	SECURED CLAIM					
UNSECURED NONPRIORITY CLAIM \$ 1,500,000,000 Check this box if a) there is no collateral or liest securing your claim, or b) your claim	Check this box if your claim is secured by collateral (including					
exceeds the value of the property securing it, or if c) none or only part of your claim is	a nght of setoff)					
unsecured Priority CLAIM	Brief description of collateral Motor Vehicle Other					
Chock this box if you have an unsecured claim all or part of which is	Value of Collateral \$ [ANKNOWN]					
entitled to priority Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in					
Specify the priority of the claim	secured claim, if any: \$ 1,500,000,00					
<u> </u>	Up to \$2,225° of deposits toward purchase, lease, or rental of property or					
Wages salaries, or commissions (up to \$10 000)", earned within 180 days	services for personal, family or household use -11 U.S.C. § 507(a)(7)					
before filing of the bankruptoy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ()					
Contributions to an employed benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter						
5 TOTAL AMOUNT OF CLAIM \$ /500,000 400 \$ /, 500	with respect to cases commenced on or after the date of adjustment \$					
AT TIME CASE EN ED	secured) (priority) (Total)					
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim. Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary						
B DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this						
proof of claim						
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporation overnmental units)	ng Pacific time, on November 13, 2006 USE ONLY ons, joint ventures, trusts and					
governmental units) BY MAIL TO BMC Group BMC Group	OR OVERNIGHT DELIVERY TO PLUS JAN 1 9 2007					
Attn USACM Claims Docketing Center Attn US.	ACM Claims Docketing Center st Franklin Avenue					
El Segundo, CA 90245-0911 El Segur	do, CA 90245					
DATE SIGN and print the name and title lif any of the creditor of this claim (attach cappy obsorver of attorney, if any)	other person authorized to tile USA CMC					
	NT. NECSON					

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$\$ 152 AND 3571

Name of Debtor Case Number Dut 10135 - 124 Name of Debtor Case Recense for List of Debtors and Case Number The form should not be used to make a dum for an administrative expense among after the commencement of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the case A request for payment of a manufacture of the bearings are required any success and the case of the case	Case	e 06-10725-gwz Doc 83	<u>351-</u> :	3 En	tered 05/09/11 15:3	39:24 Pac	ne 6 of 7	
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The Creditor Telephone Number () The Creditor Telephone Numbe	C/O ZOE BR 2877 PARAD	OWN TRUSTEE DISE RD UNIT 803			never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER	REST IN A BORROW	
Last four digits of account or other number by which creditor identifies debtor Last four digits of account or other number by which creditor identifies debtor Check have if this claim Interest of the claim Interest or additional to the personal injury/wrongful death Wages, salanes and compensation (fill out below) Check claims against service (not for loan balances) Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Control claims against service (not for loan balances) Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Cidate Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Cidate Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Cidate Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Cidate Check the sport of the claim Last four digits of your SS # Unpaid compensation (fill out below) Cidate Check the sport of the claim					differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC you do not i	need to file again
BASIS FOR CLAIM			iuliaa d	lohton	Court	THIS SPAC	E IS FOR COURT	USE ONLY
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Services performed				Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted p	rincipal
DATE DEBT WAS INCURRED 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM See reverse add for important explanations UNSECURED NONPRIORITY CLAIM See reverse add for important explanations UNSECURED NONPRIORITY CLAIM See reverse add for important explanations UNSECURED PRIORITY CLAIM See reverse add for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lien securing your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* same with the value of Collateral Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim and the time date of adjustment of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Atland conies of supporting documents, such as promises or voluminous attach a summary 8 DATE-STAMPED CODY 8 To each grained and print the name and bitle if any of the code of support of the claim or has delivered proof of claim form a validation provided in the complete proof of claim form a prevention of the claim or has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS (if the documents are root available explaim if the documents are voluminous attach a summary 8 DATE-STAMPED CODY 8 DATE-STAMPED CODY 9 To receive an acknowledgment of the filing of your claim as a start proof and print the name and bitle if any of the codumer person authorized to file 10 200 CASE STAMPED CODY 10 3 2006 10 4 5 2006 10 4 5 2006 10 5 2006 11 5 2006 1	1 ==					fill out below)	Other claims (not for loan	against service balances)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filled See reverse sade for important explanations See the state of the property securing it or if c) none or only part of your claim is entitled to priority. Check this box if a) there is no collateral or property securing it or if c) none or only part of your claim is entitled to priority. UNSECURED NORPRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages salaries or commissions (up to \$10 000)* samed within 190 days before filing of the barkrupty petition or cossation of the debtors business whichever is earlier 11 U.S.C. § 507(a)(1). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Takes of penalties weed to generate the cases or rental of property or services for personal trainty or household use 11 U.S.C. § 507(a)(6). Other Specify applicable paragraph of 11 U.S.C. § 507(a)(7). Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment on 41/10? and every 3 years thereafter with respect to cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather the delice of adjustment of the claim. Takes of penalties weed to generate the cases commenced on a rather	Money loaned	Other (describe briefly)		Unpaid o	compensation for services pe	rformed from		(data)
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Case 06-10725-gwz Doc 8351-3 Entered 05/09/11 15:39:24 Page 7 of 7

UNITED STATES BA	NKRUPTCY COURT DISTRICT OF NEV	'ADA (l	Las Vegas)		PROOF OF CLAIM		
Name of Debtor USA Commercia	l Mortgage Company	Case Number 06-10725-LBR					
NOTE This form should of the case A 'request'	d not be used to make a claim for an administ for payment of an administrative expense ma	rative ex	xpense arising after ed pursuant to 11 U	the commencement JSC § 503			
Name of Creditor (The particular debtor owes money or particular debtor of the particular debtor owes money or particular debtor of the particular debtor	• •	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement					
Name and address when		giving particulars Check box if you have never received any					
c/o Scott D Fleming, Es Hale Lane Peek Denniss 3930 Howard Hughes P. Las Vegas Nevada 8910	sq on and Howard arkway, 4th Floor 59	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court			This Space is for Court Use Only		
Telephone number 702		Check	k here	replaces	THIS SPACE IS FOR COURT USE ONLY		
	nt or other number by which creditor count ID 1856	1	claim		eviously filed claim, dated 10/5/06		
1 Basis for Claim Goods sold Services perform Money loaned Personal injury/ Taxes		Retiree benefits as defined in 11 U S C § 1 Wages, salaries, and compensations (fill ou Last four digits of SS # Unpaid compensations for services perform from to (date) (date)			ut below)		
2 Date debt was incu	rred 2/28/06	3 If	court judgment	date obtained			
Unsecured Nonpriority Claim \$ Unknown (see Attachment A) a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's			Check this be a right of setoff) Brief Description Real Estate Value of Co Amount of arreasecured claim, in Up to \$2,225 or services for \$507(a)(7) Taxes or pere	ption of Collateral ate Motor Vehicle llateral \$	eured by collateral (including		
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6 Credits The amount making this proof of 7 Supporting Docum orders, invoices, iter agreements, and evidecuments are not a 8 Date-Stamped Cop	nt of all payments on this claim has been cred	such as ts, court ORIGIN amous a ting of you	s promissory notes t judgments, mortge AL DOCUMENT: ttach a summary our claim, enclose a	purchase ages, security S If the a stamped, self	THIS SPACE IS FOR COURT USE ONLY FILED JAN 1 2 2007		
January 10, 2007	/s/ Scott D Fleming, Esq						